

System Priority: Sufficient, Competent Workforce
Objective 3: Enumeration

Long-term (2010) Subcommittee Outcome Objective: By 2010, Wisconsin will have a monitoring system in place with the capacity to describe the current and future composition, distribution, and trends of Wisconsin's public health system workforce.

| Inputs | Outputs | | Outcomes | | |
|---|--|--|---|---|--|
| | Activities | Participation/ Reach | Short-term 2002-2004 | Medium-term 2005-2007 | Long-term 2008-2010 |
| <p>Fiscal support for task force, awareness campaign, and enumeration system development.</p> <p>Department of Health and Family Services Secretary and designated staff</p> <p>Great Lakes Inter-Tribal Council and Health Directors</p> <p>State and local health departments/ clinics</p> <p>WI Association of Local Health Departments and Boards</p> <p>State and local government</p> <p>Department of Regulation and Licensing</p> <p>Professional Organizations and their members</p> | <p>Ensure the task force composition represents the diversity of Wisconsin's public health workforce (e.g., occupation, setting, gender, race/ethnicity, urban/rural).</p> <p>Conduct a SWOT Analysis (strengths, weaknesses, opportunities, threats) of enumerating the entire public health system workforce, or staging efforts to start with the governmental public health workforce first.</p> <p>Collaborate with national and federal agencies regarding successful models and approaches to enumerate the workforce.</p> <p>Identify public health workforce categories and minimum data elements for enumerating the public health workforce.</p> <p>Link enumeration system efforts with Wisconsin's Public Health Data System (WINPHO).</p> <p>Inventory current data systems and data collected by relevant governmental and private, nonprofit agencies and organizations.</p> | <p>Inputs and participants/reach for the long-term, medium-term, and short-term objectives are delineated collectively for the objectives since they are interrelated and developmental.</p> <p>[Note: Refer to "Inputs."]</p> | <p>By 2003, an enumeration task force will be established to provide oversight into the development and implementation of Wisconsin's public health enumerating system.</p> <p>By 2003, 70% of Wisconsin's public health system workforce and policy makers will have increased knowledge of the benefits of enumeration.</p> | <p>By 2005, Wisconsin's governmental public health workforce will be enumerated on a biannual basis.</p> <p>By 2007, Wisconsin's public health system workforce will be enumerated on a biannual basis.</p> | <p>By 2008, Wisconsin will have a system to link public health system workforce enumeration information/data to continuing education, recruitment and retention planning.</p> <p>By 2008, Wisconsin will have a system to link public health system workforce information/data to state and local community health needs and priorities.</p> <p>By 2009, administrative rule will be enacted to address Wisconsin's public health system workforce enumeration requirements.</p> |

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| Community based organizations Health care providers Elementary, middle, high school, and post educational systems Legislators and policy makers In kind support | <p>Develop, through the Enumeration Task Force and the WI Turning Point Initiative's Radiant Communication/ Marketing Plan, a media campaign in partnership with health organizations to increase the understanding of the principles of enumeration, data elements, benefits, and proposed system at the national and state level.</p> <p>Educate key policy makers and stakeholders on the benefits of enumeration.</p> <p>Link state enumeration efforts to the national enumeration process.</p> <p>Link enumeration system efforts with Wisconsin's Public Health Data System.</p> <p>Develop a mechanism for gathering input on a regular basis from professional groups and health organizations as to the development and needed changes in the enumerating system (e.g., data elements, analysis, reports).</p> <p>Data will be published and distributed to pertinent policy makers, professional groups, health organizations, and other key partners.</p> | | | | |

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| | Activities | Participation/ Reach | Short-term 2002-2004 | Medium-term 2005-2007 | Long-term 2008-2010 |
| | <p>Ensure ready access to enumeration data and analysis to all public health partners.</p> <p>Enumeration task force with the public health data system will determine mechanism to link enumeration data to state and local community health needs and priorities and to establish dissemination methodologies.</p> <p>Develop policies to address workforce issues based on enumeration data (e.g., trends, education, gaps, forecasts).</p> <p>Link state enumeration efforts to the national enumeration process.</p> <p>Develop a plan for informing stakeholders.</p> <p>Update the Division of Public Health's HFS140 review process document: <i>Review of Required Local Public Health Authorities Capacity Building Through Compliance Review for County and Municipal Health Departments in Wisconsin</i></p> | | | | |

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Long-term (2010) Subcommittee Outcome Objective:

By 2010, Wisconsin will have a monitoring system in place with the capacity to describe the current and future composition, distribution, and trends of Wisconsin's public health system workforce.

| Wisconsin Baseline | Wisconsin Sources and Year |
|--|----------------------------|
| None, this is a developmental objective. | |

| Federal/National Baseline | Federal/National Sources and Year |
|--|-----------------------------------|
| None, this is a developmental objective. | |

| Related USDHHS Healthy People 2010 Objectives | | | |
|---|---|------------------|--|
| Chapter | Goal | Objective Number | Objective Statement |
| 23 – Public Health Infrastructure | Ensure that Federal, Tribal, State, and local agencies have the infrastructure to provide essential public health services effectively. | 23-8 | (Developmental) Increase the proportion of Federal, State, and local agencies that incorporate specific competencies in the essential public health services into personnel systems. |
| | | 23-9 | (Developmental) Increase the proportion of schools for public health workers that integrate into their curricula specific content to develop competency in the essential public health services. |
| | | 23-10 | (Developmental) Increase the proportion of Federal, Tribal, State, and local public health agencies that provide continuing education to develop competency in essential public health services for their employees. |

| Definitions | |
|----------------------------------|--|
| Term | Definition |
| Wisconsin's Public Health System | Public health is defined as a system, a social enterprise, whose focus is on the population as a whole. The public health system seeks to extend the benefits of current knowledge in ways that will have maximum impact on the health status of the entire population (Turnock, 2001, <i>Healthiest Wisconsin 2010</i> , 2001). The public health system is comprised of many partners that include state and local health departments, government, the public, and private, nonprofit, and voluntary sectors. These partners include traditional sectors (physicians, institutions of higher education, technical colleges) and new non-traditional sectors (faith communities). |

| Definitions | |
|-------------------------|---|
| Term | Definition |
| Public Health Workforce | All those providing essential public health services, regardless of the nature of the employing agency (USDHHS, 1998) |
| Enumeration | Not only counting the numbers and types of employees, but also obtaining key characteristics of composition and workforce setting (Wisconsin Turning Point Sufficient and Competent Workforce Workgroup, Spring 2001) |

Rationale:

A major barrier/constraint to assuring a sufficient and competent workforce is Wisconsin's current lack of systemic data and capability to accurately enumerate the public health system workforce. In 2001, the National Public Health Leadership Society and the Center for Health Leadership and Practice identified the following key reasons why enumeration should be undertaken:

- Accuracy in health planning.
- Management of workforce, current and needed.
- Assurance of access to essential services.
- Equity for public health workers.
- Balance of support based on the belief that governmental public health is inadequately supported and under recognized.
- Preparation of the workforce by aligning academic resources with workforce needs.
- Quality assurance of workforce including competency, certification and credentialing, as well as enabling performance standards and identifying capacity to meeting federal *Healthy People 2010* objectives (and correspondingly *Healthiest Wisconsin 2010*).
- Identification of possible cultural, gender or ethnic disparities that might affect essential services.
- Understanding of public health workforce's needs regarding training, education, recruitment, and retention in order to develop policy.

Enumeration means not only counting the numbers and types of employees, but also obtaining key characteristics of composition and workforce settings (Wisconsin Turning Point Sufficient and Competent Workforce Workgroup). Such enumeration of the public health workforce has not been accomplished in the past due in part to barriers in defining the public health workforce, lack of consistent job classifications, and lack of coordinated interactive data systems.

The Sufficient and Competent Workforce Subcommittee was guided by the eight principles identified in *Enumerating the Public Health Workforce* (Public Health Leadership Society and the Center for Health Leadership and Practice, 2001). These principles are complimentary to the core principles and values that support the transformation of Wisconsin's public health system as set forth in *Healthiest Wisconsin 2010*. These principles follow:

1. Enumeration is the foundation for other workforce development and infrastructure efforts in public health, including but not limited to:
 - Training and continuing education
 - Recruitment and retention planning
 - Competency definition
 - Credentialing and certification of the public health workforce

- Performance standards and organizational capacity measurement.
2. Enumeration is the first of six elements in the *CDC Strategic Plan for Public Health Workforce Development*, which defines an integrated system for life long learning of the public health workforce.
 3. Enumeration data must be useful for all public health partners at the federal, state, local and tribal health system level. A feedback loop must be developed to inform those who have contributed data and other stakeholders.
 4. Enumeration of the total public health workforce is needed. It should start with governmental agencies and licensed disciplines and shortly thereafter be expanded to all other settings and public health workers.
 5. The definition of the public health workforce is “all those providing essential public health services, regardless of the nature of the employing agency” (U.S. Department of Health and Human Services, 1998). The public health workforce may be employed by state and local governmental agencies, tribal, public, private, non-profit, and voluntary agencies and organizations.
 6. Enumeration should build upon what has been done and avoid duplication of efforts.
 7. Resources and efficiency must be considered with the recommendations.

Many elements needed for enumeration are already being collected at both the state and federal level, but often the various data systems are not interactive or linked. Possible sources of data such include:

- U.S. Centers for Disease Control and Prevention
- Federal Health Resources and Services Administration
- U.S. Census Bureau
- U.S. Department of Labor
- Department of Workforce Development
- Department of Regulation and Licensing
- Professional Associations
- Department of Health and Family Services
- Academic institutions such as high schools, technical colleges, other colleges, and universities
- Academic credentialing bodies
- State agency Payroll/Personnel Information Verification reports

An enumeration system is not an end in itself, but it must provide the capacity to describe the current and future composition, distribution, and trends of Wisconsin’s public health system workforce. A sufficient and competent workforce is the foundation for meeting the health priorities of *Healthiest Wisconsin 2010*.

Outcomes:

Short-term Outcome Objectives (2002-2004)

By 2003, an enumeration task force will be established to provide oversight into the development and implementation of Wisconsin’s public health enumerating system.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach–community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Ensure the task force composition represents the diversity of Wisconsin's public health workforce (e.g., occupation, setting, gender, race/ethnicity, urban/rural).
- Conduct a SWOT Analysis (strengths, weaknesses, opportunities, threats) of enumerating the entire public health system workforce, or staging efforts to start with the governmental public health workforce first.
- Collaborate with national and federal agencies regarding successful models and approaches to enumerate the workforce.
- Identify public health workforce categories and minimum data elements for enumerating the public health workforce.
- Link enumeration system efforts with Wisconsin's Integrated Public Health Data System known as WINPHO (Wisconsin's Information Network for Public Health Operations).
- Inventory current data systems and data collected by relevant governmental and private, nonprofit agencies and organizations.

By 2003, 70% of Wisconsin's public health system workforce and policy makers will have increased knowledge of the benefits of enumeration.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach–community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Develop, through the Enumeration Task Force and the Wisconsin's Turning Point Initiative's Radiant Communication/Marketing Plan, a media campaign in partnership with health organizations to increase the understanding of the principles of enumeration, data elements, benefits, and proposed system at the national and state level.
- Educate key policy makers and stakeholders on the benefits of enumeration.

Medium-term Outcome Objectives (2005-2007)

By 2005, Wisconsin's governmental public health workforce will be enumerated on a biannual basis.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach–community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Link state enumeration efforts to the national enumeration process.
- Link enumeration system efforts with Wisconsin's Integrated Public Health Data and System.
- Develop a mechanism for gathering input on a regular basis from professional groups and health organizations as to the development and needed changes in the enumerating system (e.g., data elements, analysis, reports).
- Data will be published and distributed to pertinent policy makers, professional groups, health organizations, and other key partners.

By 2007, Wisconsin's public health system workforce will be enumerated on a biannual basis.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach–community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Link state enumeration efforts to the national enumeration process.
- Link enumeration system efforts with Wisconsin's Integrated Public Health Data System.

- Develop a mechanism for gathering input on a regular basis from professional groups and health organizations as to the development and needed changes in the enumerating system (e.g., data elements, analysis, reports).
- Data will be published and distributed to pertinent policy makers, professional groups, health organizations, and other key partners.

Long-term Outcome Objectives (2008-2010):

By 2008, Wisconsin will have a system to link public health system workforce enumeration information/data to continuing education, recruitment and retention planning.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach– community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Link enumeration system efforts with Wisconsin’s Integrated Public Health Data System.
- Ensure ready access to enumeration data and analysis to all public health partners.
- Enumeration task force will determine best methods to link data and distribution.
- Develop policies to address workforce issues based on enumeration data (trends, education, gaps, forecasts).

By 2008, Wisconsin will have a system to link public health system workforce information/data to state and local community health needs and priorities.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach– community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Ensure ready access to enumeration data and analysis to all public health partners.
- Link enumeration system efforts with Wisconsin’s Integrated Public Health Data System.
- Enumeration task force with the public health data system will determine mechanism to link enumeration data to state and local community health needs and priorities and to establish dissemination methodologies.
- Develop policies to address workforce issues based on enumeration data (trends, education, gaps, forecasts).

By 2009, administrative rule will be enacted to address Wisconsin’s public health system workforce enumeration requirements.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach– community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Link state enumeration efforts to the national enumeration process.
- Link enumeration system efforts with Wisconsin’s Integrated Public Health Data System.
- Develop a plan for informing stakeholders.
- Update the Division of Public Health’s HFS140 review process document - *Review of Required Local Public Health Authorities Capacity Building Through Compliance Review for County and Municipal Health Departments in Wisconsin.*

Inputs and Participants:

Inputs and participants for the long-term, medium-term, and short-term objectives are delineated collectively for the objectives since they are interrelated and developmental.

Inputs: (*What we invest – staff, volunteers, time, money, technology, equipment, etc.*)

- Fiscal support for task force, awareness campaign, and enumeration system development.
- DHFS Secretary and designated DHFS staff
- State and local health departments/clinics
- Great Lakes Inter-Tribal Council and Health Directors
- WI Association of Local Health Departments and Boards
- State and local government
- Department of Regulation and Licensing
- Professional Organizations and their members
- Community based organizations
- Health Care Providers
- Elementary, middle and high schools and post educational systems
- Legislators and policy makers
- In kind support

Participants:

See inputs for participants.

Evaluation and Measurement:

Since enumeration is in its beginning stages, this objective is developmental with baseline data yet to be established. The following information was obtained from *Enumerating the Public Health Workforce* (The Public Health Leadership Society and The Center for Health Leadership and Practice, 2001). This report identified governmental agencies as the most immediately available and cost-effective sources of data to enumerate the public health workforce. Through secondary data collection and specialized collection efforts additional sectors could be enumerated. The report recognized the limitations of enumeration due to high cost and collection burden. Limited approaches may be achievable and cost-effective, but they may also provide insufficient data. Options for data collection include:

Practice Settings

- Federal, state, local health departments/agencies
- Non-profits
- Community-based organizations
- Colleges/Universities
- Private Sector

Core Data

- Number of staff and number of full time equivalencies
- Titles/Occupational classifications
- Job functions/duties/work content
- Location
- Age
- Educational level
- Credentials
- Experience
- Salary range
- Ethnicity, race, gender

- Languages other than English

Work Content

- Utilize the Essential Services of Public Health.

Occupational Category

- Utilize the Standard Occupational Classifications

Crosswalk to Other Health and System Priorities in Healthiest Wisconsin 2010

Systems Priorities:

Integrated, Electronic Data and Information Systems: An adequate enumeration system needs to be integrated and comprehensive, having established links with other statewide data and informational systems.

Community Health Improvement Processes and Plans: Adequate distribution of Wisconsin's public health system workforce is crucial to the success of community health improvement processes and plans. An enumeration system will allow for the identification of gaps and trends in the Wisconsin's public health system workforce.

Coordination of State and Local Public Health System Partnerships: Since the public health workforce is broadly defined to include all partners working to meet the essential services, enumeration must include all partners. Strong educational, practice, and policymaker partnerships are needed for initial and ongoing enumeration efforts.

Equitable, Adequate, and Stable Financing: Equitable, adequate and stable financing incentives are needed for the development and implementation of Wisconsin's public health enumerating system.

Health Priorities

Access to Primary and Preventive Health Services: Access to health services is dependent on many factors including having an adequate workforce, which can be determined through enumeration. Enumeration will identify gaps in distribution which can then be used to assure access.

Sufficient, Competent Workforce - Examples of the transcending influence of a sufficient and competent workforce: A sufficient workforce transcends all health priorities set forth in *Healthiest Wisconsin 2010* to include: Adequate and Appropriate Nutrition; Environmental and Occupational Health Hazards; Existing, Emerging, and Re-emerging Communicable Diseases; High Risk Sexual Behavior; Inappropriate Use and Abuse of Alcohol and Other Substances; Intentional and Unintentional Injuries and Violence; Mental Health and Mental Disorders; Overweight, Obesity, Lack of Physical Activity; Social and Economic Factors that Influence Health; and Tobacco Use and Exposure.

- A sufficient workforce is needed to achieve the health priorities. Assuring a broad-based, multidisciplinary public health system workforce is critical to addressing the complexity and interdependency of the given health priorities. The public health system must commit to broadening the scope of representation by recognizing and including non-traditional partners within its workforce.

- Since a community's health status is not static, the composition and distribution of the public health system workforce needs to be continually assessed to identify gaps and trends to meet the changing health needs.
- Enumeration will assist in assuring a sufficient workforce to address given health priorities. Public health system shortage areas and access issues need to be identified and analyzed in general and for specific health priorities in order to improve Wisconsin's health status.

Significant Linkages to Wisconsin's 12 Essential Public Health Services

A sufficient public health system workforce cuts across all of Wisconsin's 12 essential public health services. Enumeration of Wisconsin's public health system workforce is the foundation that must be built in order to have a sufficient workforce to effectively meet the needs of Wisconsin's communities and ultimately improve the health status of its citizens. The enumeration process must go beyond counting numbers and types of employees. For example, it must identify possible cultural, gender and ethnic disparities that might affect the essential public health services. (Public Health Leadership Society, May 2001). An enumeration system that is linked to national enumeration efforts and to efforts with the Wisconsin Public Health Data System will provide the ability to accurately determine the current and future composition, distribution, and trends of Wisconsin's public health system workforce.

Connection to the Three Overarching Goals of Healthiest Wisconsin 2010

Protect and promote health for all: In order to protect and promote the health of Wisconsin' citizens, an enumeration system must be established to accurately determine the composition and distribution of Wisconsin's public health system workforce. With the diverse needs of each Wisconsin community, the public health system workforce must represent the demographic profile of each community. The development of an enumeration system will enable the public health system to better understand gaps and trends that ultimately affect the delivery of services.

Eliminate health disparities: Efforts to determine who and what Wisconsin's Public Health Workforce System is will assist in the development of strategies to eliminate health disparities. Building system capacity to impact the determinants of health as well as public policy and cultural competency are some of the key strategies to eliminate health disparities.

Transform Wisconsin's public health system: A sufficient public health system workforce is the key to transforming Wisconsin's public health system. A sufficient workforce in all agencies and organizations who are linked to the public health vision will assure results that pay off in improved health at both the local and statewide levels. To quantify if Wisconsin has a competent, skilled workforce that represents the demographic profile of its communities, a monitoring system must be in place to describe the current, and future composition, distribution and trends of Wisconsin's public health system workforce.

Key Interventions and/or Strategies Planned:

- Establish an enumeration task force to provide oversight into the development and implementation of Wisconsin's public health workforce enumerating system.
- Identify public health workforce categories and minimum data elements for enumerating the public health system workforce.
- Link enumeration system with the efforts of Wisconsin's Integrated Public Health Data System and national enumeration efforts.

- Conduct a media campaign among public health system workforce partners and policy makers on the benefits of enumerating the public health workforce.
- Enumeration of Wisconsin's governmental public health workforce will be enumerated biannually first, with the intent of enumerating all Wisconsin's public health system workers biannually.
- Link enumeration information/data to continuing education, recruitment and retention planning.
- Develop a system to link public health workforce information/data to state and local community health priorities and needs.

References:

Health Resources and Service Administration. (2000). *The Public Health Workforce Enumeration 2000*. <http://www.hrsa.gov>.

The Public Health Leadership Society and The Center for Health Leadership and Practice. (May 15, 2001). *Enumerating the Public Health Workforce*.

U. S. Department of Health and Human Services. (1998). *The Public Health Workforce: An Agenda for the 21st century*. <http://www.health.gov/phfunctions>.

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<http://dhfs.state.wi.us/health/statehealthplan>